

HEALTH & WELFARE

DEBBY RANSOM, R.N., R.H.f.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0000 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: [sb@dhw.idaho.gov

October 20, 2010

Doug Crabtree, Administrator Eastern Idaho Regional Medical Center PO Box 2077 Idaho Falls, Idaho 83403-2077

RE: Eastern Idaho Regional Medical Center, Provider #130018

Dear Mr. Crabtree:

This is to advise you of the findings of the Fire Life Safety & Construction survey at Eastern Idaho Regional Medical Center, which was concluded on September 28, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction.

An acceptable plan of correction (PoC) contains the following elements:

- Action that will be taken to correct each specific deficiency cited;
- Description of how the actions will improve the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable plan of correction for each deficiency cited;
- A completion date for correction of each deficiency cited must be included;
- Monitoring and tracking procedures to ensure the PoC is effective in bringing the hospital into compliance, and that the hospital remains in compliance with the regulatory requirements;
- The plan must include the title of the person responsible for implementing the acceptable plan of correction; and
- The administrator's signature and the date signed on page 1 of the Form CMS-2567.

Doug Crabtree, Administrator October 20, 2010 Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **November 2, 2010**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please write or call this office at (208) 334-6626.

Sincerely,

MARK P. GRIMES

Supervisor

Facility Fire Safety & Construction Program

MPG/lj Enclosures IDHW

11/9/2010 3:50:10 PM

PAGE

2/002

11-09-2010 Fax Server

Printed: 10/04/2010 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING 130018 09/28/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3100 CHANNING WAY EASTERN IDAHO REGIONAL MEDICAL CENTI IDAHO FALLS, ID 83404 (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 000 INITIAL COMMENTS K 000 Eastern Idaho Regional Medical Center is a type 1 constructed building, six stories, fully sprinklered with a manual fire alarm system and detection in select locations. The hospital is served by a type 1 Emergency Electrical System throughout and has multiple exits to grade. The hospital is currently undergoing the addition/expansion of the women's center. RECEIVED The following deficiencies were cited during the Life Safety Code Validation survey of the Joint Commission Deemed Status hospital, conducted NOV 0 1 2010 on September 27 & 28, 2010; in accordance with 42 CFR 482.41 (b) and the standards within Chapter 19, Existing Health Care Occupancies, FACILITY STANDARDS 2000 Edition of NFPA 101, the Life Safety Code. The Surveyor conducting the survey was: Mark P. Grimes, Supervisor Facility Fire Safety & Construction, IDHW K 052 NFPA 101 LIFE SAFETY CODE STANDARD K 052 A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

40

· DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,			(X3) DATE SI COMPLE	
	130018	B. WI	NG _		09/2	8/2010
ROVIDER OR SUPPLIER	MEDICAL CENTER	_	31	100 CHANNING WAY	,	
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHO	ULD BE	(X5) COMPLETION DATE
This STANDARD is Based on observation failed to provide a sa a remote fire alarm floor. This deficient compartments, all in the facility. The facility. The facility. The facility is a census of 15 Findings include: Observation of the third floor telephone September 27, 201 revealed the facility detection may cause to be incapacitated device responded. Plant Operations defindicated the facility was required at this The finding was ac Administrator and wo Operations at the election of Fire A that are not continuated the facility was required at this The finding was ac Administrator and wo Operations at the election of Fire A that are not continuated the facility was required at this The finding was ac Administrator and wo operations at the election of Fire A that are not continuated the facility of each fire alarm on the fire alarm of the facility of of the faci	is not met as evidenced by: ion and interview the facility smoke (or heat) detector above control panel on the third practice affected all smoke residents, visitors and staff of ility is licensed for 283 beds io on the day of the survey. fire alarm control panel in the e equipment room on 0 at approximately 11:30 A.M. of failed to provide automatic e alarm control panel. Lack of see the fire alarm control panel by fire before a detection Interview with the Director of uring the observation, y was not aware that detection is location. knowledged by the verified by the Director of Plant exit interview on September 28, lard: NFPA 72 § 1-5.6 Alarm Control Unit(s). In areas arously occupied, automatic mall be provided at the location control unit(s) to provide at that location. ambient conditions prohibit matic smoke detection, ection shall be permitted.			made arrangements with Simp install a smoke/heat detector a	lex to Ibove	12/1/2010
	ROVIDER OR SUPPLIER NIDAHO REGIONAL SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From parthis STANDARD is Based on observatifailed to provide a sa remote fire alarm floor. This deficient compartments, all rathe facility. The facility. The facility is a census of 15 Findings include: Observation of the third floor telephone September 27, 201 revealed the facility detection at the fire detection may caus to be incapacitated device responded. Plant Operations di indicated the facility was required at this The finding was act Administrator and to Operations at the e 2010. Actual NFPA stand Protection of Fire A that are not continuation of each fire alarm on otification of fire a Exception: Where installation of autonautomatic heat detection and the continuation of	ROVIDER OR SUPPLIER N IDAHO REGIONAL MEDICAL CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to provide a smoke (or heat) detector above a remote fire alarm control panel on the third floor. This deficient practice affected all smoke compartments, all residents, visitors and staff of the facility. The facility is licensed for 283 beds with a census of 150 on the day of the survey. Findings include: Observation of the fire alarm control panel in the third floor telephone equipment room on September 27, 2010 at approximately 11:30 A.M. revealed the facility failed to provide automatic detection at the fire alarm control panel. Lack of detection may cause the fire alarm control panel to be incapacitated by fire before a detection device responded. Interview with the Director of Plant Operations during the observation, indicated the facility was not aware that detection was required at this location. The finding was acknowledged by the Administrator and verified by the Director of Plant Operations at the exit interview on September 28, 2010. Actual NFPA standard: NFPA 72 § 1-5.6 Protection of Fire Alarm Control Unit(s). In areas that are not continuously occupied, automatic smoke detection shall be provided at the location of each fire alarm control unit(s) to provide notification of fire at that location. Exception: Where ambient conditions prohibit installation of automatic smoke detection, automatic heat detection shall be permitted.	ROVIDER OR SUPPLIER N IDAHO REGIONAL MEDICAL CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to provide a smoke (or heat) detector above a remote fire alarm control panel on the third floor. This deficient practice affected all smoke compartments, all residents, visitors and staff of the facility. The facility is licensed for 283 beds with a census of 150 on the day of the survey. Findings include: Observation of the fire alarm control panel in the third floor telephone equipment room on September 27, 2010 at approximately 11:30 A.M. revealed the facility failed to provide automatic detection at the fire alarm control panel. Lack of detection may cause the fire alarm control panel to be incapacitated by fire before a detection device responded. Interview with the Director of Plant Operations during the observation, indicated the facility was not aware that detection was required at this location. The finding was acknowledged by the Administrator and verified by the Director of Plant Operations at the exit interview on September 28, 2010. Actual NFPA standard: NFPA 72 § 1-5.6 Protection of Fire Alarm Control Unit(s). In areas that are not continuously occupied, automatic smoke detection shall be provided at the location of each fire alarm control unit(s) to provide notification of fire at that location. Exception: Where ambient conditions prohibit installation of automatic smoke detection, automatic heat detection shall be permitted.	ROVIDER OR SUPPLIER N IDAHO REGIONAL MEDICAL CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to provide a smoke (or heat) detector above a remote fire alarm control panel on the third floor. This deficient practice affected all smoke compartments, all residents, visitors and staff of the facility. The facility is licensed for 283 beds with a census of 150 on the day of the survey. Findings include: Observation of the fire alarm control panel in the third floor telephone equipment room on September 27, 2010 at approximately 11:30 A.M. revealed the facility failed to provide automatic detection may cause the fire alarm control panel to be incapacitated by fire before a detection device responded. Interview with the Director of Plant Operations during the observation, indicated the facility was not aware that detection was required at this location. The finding was acknowledged by the Administrator and verified by the Director of Plant Operations at the exit interview on September 28, 2010. Actual NFPA standard: NFPA 72 § 1-5.6 Protection of Fire Alarm Control Unit(s). In areas that are not continuously occupied, automatic smoke detection shall be provided at the location of each fire alarm control unit(s) to provide notification of fire at that location. Exception: Where ambient conditions prohibit installation of automatic smoke detection, automatic heat detection shall be permitted.	ROVIDER OR SUPPLIER N IDAHO REGIONAL MEDICAL CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to provide a smoke (or heat) detector above a remote fire alarm control panel on the third floor. This deficient practice affected all smoke compartments, all residents, visitors and staff of the facility. The facility is licensed for 283 beds with a census of 150 on the day of the survey. Findings include: Observation of the fire alarm control panel in the third floor telephone equipment room on September 27, 2010 at approximately 11:30 A.M. revealed the facility failed to provide automatic detection at the fire alarm control panel to be incapacitated by fire before a detection device responded. Interview with the Director of Plant Operations during the observation, indicated the facility was not aware that detection was required at this location. The finding was acknowledged by the Administrator and verified by the Director of Plant Operations at the exit interview on September 28, 2010. Actual NFPA standard: NFPA 72 § 1-5.6 Protection of Fire Alarm Control Unit(s). In areas that are not continuously occupied, automatic smoke detection shall be provided at the location of each fire alarm control unit(s) to provide notification of fire at that location. Exception: Where ambient conditions prohibit installation of automatic smoke detection shall be permitted.	ROVIDER OR SUPPLIER N IDAHO REGIONAL MEDICAL CENTER SUMMARY STATEMENT OF PERCENCISES (EACH DETRICIBNO MUST BE PRECEDED BY YILL) REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 1 This STANDARD is not met as evidenced by: Based on observation and interview the facility lailed to provide a smoke (or heat) detector above a remote fire alarm control panel on the third floor. This deficient practice affected all smoke compartments, all residents, visitors and staff of the facility. The facility is licensed for 283 beds with a census of 150 on the day of the survey. Findings include: Observation of the fire alarm control panel in the third floor telephone equipment room on September 27, 2010 at approximately 11:30 A.M. revealed the facility failed to provide at unmatic detection may cause the fire alarm control panel to be incapacitated by fire before a detection device responded, Interview with the Director of Plant Operations during the observation, indicated the facility was not aware that detection was required at this location. The finding was acknowledged by the Administrator and verified by the Director of Plant Operations at the exit interview on September 28, 2010. Actual NFPA standard: NFPA 72 § 1-5.6 Protection of Fire Alarm Control Unit(s). In areas that are not continuously occupied, automatic mode deach fire alarm control unit(s) to provide anotification of fire at half location. Exception: Where ambient conditions prohibit installation of automatic smoke detection shall be permitted.

· DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

CORRECTION	FICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ILTIPLE CONSTRUCTION DING 01 - ENTIRE HOSPITAL		(X3) DATE SURVEY COMPLETED	
	130018	B. WIN	3	09/	<u>28/20</u> 10	
VIDER OR SUPPLIER	MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 3100 CHANNING WAY IDAHO FALLS, ID 83404	DDE		
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION	SHOULD BE	(X5) COMPLETION DATE	
chis STANDARD ased upon observable to ensure elements of extension and the first day of the consent of the first day of the consent of the first day of the consent of the first day of the consent of the first day of the confiscated the first day of the confiscated the first day of the confiscated the first day of the facility of the first day of the first day of the facility of the first day of the facility	is not met as evidenced by: vation and interview, the facility extrical safety by not prohibiting on cords and relocatable power e facility. The facility is eds and had a census of 150 he survey. by tour on September 27 & 28, ords were identified in the cords and relocatable power e facility is eds and had a census of 150 he survey. cy tour on September 27 & 28, ords were identified in the cords and had a census of 150 he survey.	K 1	We have an existing policy "Extension Cords/Adapters prohibits extension cords a relocatable power taps. The was redistributed to staff a environmental rounds now monitoring for and removing extension cords or power to Engineering has asked Bio-15 foot power cords instead	" that nd is policy nd regular include ng any aps. Med to get d of 6 foot	10/26/10	
	SUMMARY STA (EACH DEFICIENCE REGULATORY OR I ontinued From particular on the second	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Ontinued From page 2 lectrical wiring and equipment is in accordance ith NFPA 70, National Electrical Code. 9.1.2 his STANDARD is not met as evidenced by: ased upon observation and interview, the facility itled to ensure electrical safety by not prohibiting the use of extension cords and relocatable power ups throughout the facility. The facility is beensed for 283 beds and had a census of 150 in the first day of the survey. Indings include: During the facility tour on September 27 & 28, 210, extension cords were identified in the allowing locations; CT room 1, Cardiac Rehab lassroom and Pharmacy (powering a efrigerator). This finding was witnessed and cknowledged by the Director of Plant operations ho confiscated the majority of these cords and atted that he was unaware that these devices	DAHO REGIONAL MEDICAL CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ontinued From page 2 dectrical wiring and equipment is in accordance ith NFPA 70, National Electrical Code. 9.1.2 his STANDARD is not met as evidenced by: ased upon observation and interview, the facility illed to ensure electrical safety by not prohibiting er use of extension cords and relocatable power ups throughout the facility. The facility is ensed for 283 beds and had a census of 150 in the first day of the survey. Indings include: During the facility tour on September 27 & 28, 210, extension cords were identified in the billowing locations; CT room 1, Cardiac Rehab lassroom and Pharmacy (powering a firigerator). This finding was witnessed and atted that he was unaware that these devices ere in use. During the facility tour on September 27 & 28, 210, Relocatable Power Taps (power strips) ere observed to not be used in accordance with the listing and labeling of said equipment computer, AV equipment and peripherals) in the sillowing locations; ICU-A storage, PACU, ardiac Rehab Gym, Echo office, and on nesthesia carts in operating rooms 5 and 14 on (27/10 and 9/28/10. This finding was witnessed	INDER OR SUPPLIER DAHO REGIONAL MEDICAL CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Ontinued From page 2 lectrical wiring and equipment is in accordance ith NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: assed upon observation and interview, the facility illed to ensure electrical safety by not prohibiting e use of extension cords and relocatable power psy throughout the facility. The facility is zensed for 283 beds and had a census of 150 in the first day of the survey. During the facility tour on September 27 & 28, 210, extension cords were identified in the allowing locations; CT room 1, Cardiac Rehab lassroom and Pharmacy (powering a strigerator). This finding was witnessed and acknowledged by the Director of Plant operations ho conflicated the majority of these cords and ated that he was unaware that these devices ere in use. During the facility tour on September 27 & 28, 20, 20, extension cords with the elisting and labeling of said equipment computer, AV equipment and peripherals) in the illowing locations; ICU-A storage, PACU, ardiac Rehab Gym, Echo office, and on enesthesia carts in operating rooms 5 and 14 on 27/10 and 9/28/10. This finding was witnessed	INDICATION SUPPLIER DAHO REGIONAL MEDICAL CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) DISTRICT ADDRESS, CITY, STATE, ZIP CODE 3100 CHANNING WAY IDAHO FALLS, ID 83404 PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) INSISTANDARD is not met as evidenced by: assed upon observation and interview, the facility lided to ensure electrical safety by not prohibiting e use of extension cords and relocatable power pst throughout the facility. The facility is censed for 283 beds and had a census of 150 in the first day of the survey. Indings include: 1) During the facility tour on September 27 & 28, 2010, extension cords were identified in the illowing locations; CT room 1, Cardiac Rehab lassroom and Pharmacy (powering a firigerator). This finding was witnessed and sknowledged by the Director of Plant operations ho confiscated the majority of these cords and ated that he was unaware that these devices ere in use. 1) During the facility tour on September 27 & 28, 2010, Relocatable Power Taps (power strips) ere observed to not be used in accordance with the listing and labeling of said equipment computer, AV equipment and peripherals) in the illowing locations; (CU + Storage, PACU, ardiac Rehab Gym, Echo office, and on nesthesia carts in operating rooms 5 and 14 on 127/10 and 9/28/10. This finding was witnessed	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''	iultipli Lding	E CONSTRUCTION 01 - ENTIRE HOSPITAL	(X3) DATE S COMPLE	
		130018	B. Wil	NG		09/2	8/2010
	ROVIDER OR SUPPLIER	MEDICAL CENTER		310	ET ADDRESS, CITY, STATE, ZIP CODE O CHANNING WAY AHO FALLS, ID 83404		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
K 147	Actual NFPA reference Extension cords; NFPA 70, 400.8 Us Unless specifically cords and cables s following: (1) As a substitute s structure (2) Where run throus ceilings, suspended floors (3) Where run throus similar openings (4) Where attached Exception: Flexible permitted to be atta accordance with the (5) Where conceale or located above si (6) Where installed otherwise permitted Relocatable Power NFPA 70, 110.3 Ex Installation, and Us (A) Examination. In considerations suc evaluated:	ence: ses Not Permitted. permitted in 400.7, flexible hall not be used for the for the fixed wiring of a ugh holes in walls, structural diceilings, dropped ceilings, or ugh doorways, windows, or ugh doorways, windows, or do building surfaces a cord and cable shall be ached to building surfaces in a provisions of 368.8. Bed by walls, floors, or ceilings uspended or dropped ceilings in raceways, except as do in this Code Taps: Taps: Taps: Taps:	K	147	OLI MICHOLY I		
,	FPN: Suitability of a identified by a described with a product to id product for a specification. Suitable evidenced by listing (2) Mechanical street	equipment use may be cription marked on or provided entify the suitability of the fic purpose, environment, or lity of equipment may be					

 DEPÄRTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BU	LDING		(X3) DATE SI COMPLE	
		130018	B. WII	VG		09/2	8/2010
	ROVIDER OR SUPPLIER	MEDICAL CENTER		310	ET ADDRESS, CITY, STATE, ZIP CODE 00 CHANNING WAY AHO FALLS, ID 83404		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
K 147	equipment, the ade provided (3) Wire-bending a (4) Electrical insula (5) Heating effects use and also under arise in service (6) Arcing effects (7) Classification by capacity, and spec (8) Other factors the safeguarding of periodic contact with the eq (B) Installation and equipment shall be	equacy of the protection thus and connection space tion under normal conditions of abnormal conditions likely to y type, size, voltage, current ific use at contribute to the practical rsons using or likely to come in uipment Use. Listed or labeled installed and used in ny instructions included in the	K	147			

PRINTED: 10/04/2010 FORM APPROVED

Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING 02,01 B. WING 09/28/2010 130018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3100 CHANNING WAY EASTERN IDAHO REGIONAL MEDICAL CENTER IDAHO FALLS, ID 83404 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) B 000 16.03.14 Initial Comments B 000 Eastern Idaho Regional Medical Center is a type 1 constructed building, six stories, fully sprinklered with a manual fire alarm system and detection in select locations. The hospital is served by a type 1 Emergency Electrical System throughout and has multiple exits to grade. The hospital is currently undergoing the addition/expansion of the women 's center. RECEIVED The following deficiencies were cited during the Life Safety Code Validation survey of the Joint Commission Deemed Status hospital, conducted NOV 0 1 2010 on September 27 & 28, 2010; in accordance with 42 CFR 482.41 (b) and the standards within Chapter 19, Existing Health Care Occupancies, FACILITY STANDARDS 2000 Edition of NFPA 101, the Life Safety Code and the provisions contained in IDAPA 16.03.14 Rules and Minimum Standards for Hospitals in Idaho. The Surveyor conducting the survey was: Mark P. Grimes, Supervisor Facility Fire Safety & Construction, IDHW BB161 16.03.14.510 Fire and Life Safety Standards **BB161** Buildings on the premises used as a hospital shall meet all the requirements of local, state, and national codes concerning fire and life safety that are applicable to hospitals. General Requirements. General requirements for the fire and life safety standards for a hospital are that: The hospital shall be structurally sound and shall be maintained and equipped to assure the safety of patients, employees, and the public.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

On the premises of all hospitals where natural or man-made hazards are present, suitable fences,

TITLE

(X6) DATE

021189

YT5021

PRINTED: 10/04/2010 FORM APPROVED

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

130018

02,01 A. BUILDING B. WING _

09/28/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

EASTERN IDAHO REGIONAL MEDICAL CENTER

3100 CHANNING WAY

-		ALLS, ID 83		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	REGULATORY OR LSC IDENTIFYING INFORMATION)			
STATE FOR			impediments during the survey and regular environmental rounds occur to assure exit access.	